

Results: Of the 43 patients, 7 had calcified lesion of bladder wall after intravesical mitomycin-C therapy and the other 36 didn't. The urinary pH is lower in calcification group (5.43 ± 0.071) than non-calcification group (5.94 ± 0.150 , $p = 0.002$). The calcification group reveal the tendency of higher tumor recurrent rate than non-calcification group (28.6% V.S. 2.8%, $p = 0.014$).

Conclusion: The patients with lower urinary pH during intravesical mitomycin-C therapy are prone to have bladder wall calcification and higher tumor recurrent rate. Our results revealed the calcified lesion might be the cover of tumor. Based on these results, we suggest resect the calcified lesion.

PD8-6:

THE PROGNOSTIC VALUE OF NEUTROPHIL AND LYMPHOCYTE RATIO IN PATIENT RECEIVING RADICAL CYSTECTOMY OPERATIONS

Ching-wei Huang, Ying-Hsu Chang. *Department of Surgery, Division of Urology, Chang Gung Memorial Hospital at Linkou, Taiwan*

Purpose: To identify Neutrophil/Lymphocyte ratio(NLR) as a prognostic predictor influencing long term survival for patient undergoing radical cystectomy with different urothelial carcinoma stages

Materials and Methods: We obtained 163 patients who admitted for urothelial carcinoma and underwent radical cystectomy during 2005-2008 in Linkou Chang-Gung Memorial Hospital. The preoperative factors including gender, tumor pathology, tumor size, pathological characteristics and pre-OP lab data were analysed. The paired t-test was used to analyze associations between categorical variables. Multivariate analysis was performed. Significance level was set at $p < 0.05$. All statistical analysis was done with SPSS for MAC.

Results: This study included total 163 cases with mean patient age as 66.6 years old. The most common cell type as infiltrating urothelial carcinoma and 5-year overall survival rate was 43%. We obtained pre-OP lab data for calculating NLR and set different cut points for comparing significance in different groups. When NLR was set as 3, there was significance survival difference between two groups($NLR > 3$, Overall Survival = 45.92M; $NLR < 3$, OS = 56.62M). However, when moving on into multivariate analysis, the NLR was not an independent prognostic factor for patient receiving radical cystectomies. (HR = 1.06, 95% CI = 0.45-2.50, $p = 0.90$).

Conclusion: In patient undergoing radical cystectomies, NLR showed overall survival difference between group when cut point was set at 3. However, further multivariate analysis failed to showed independent prognostic power of NLR in current patient cohort.

Podium-9

Andrology

PD9-1:

THE EFFECT OF EXTRACORPOREAL SHOCK WAVE ON CAVERNOUS NERVE STIMULATION-INDUCED INTRACAVERNOUS PRESSURE INCREASE IN THE DIABETIC RAT

Kuang-Kuo Chen, Luke S. Chang. *Department of Urology, Taipei Veterans General Hospital, and Shu-Tien Urological Research Center, National Yang-Ming University, Taiwan*

Purpose: Diabetes mellitus (DM) is commonly associated with erectile dysfunction (ED). Low-intensity extracorporeal shock wave therapy (LI-ESWT) has been used to treat patients with ED. However, the pre-clinical investigation of LI-ESWT for ED is still not enough. Therefore, the objective of this study was to investigate the effect of LI-ESW on cavernous nerve (CN) stimulation-induced intracavernous pressure (ICP) increase in the diabetic rat.

Materials and Methods: Male adult Sprague-Dawley rats (250-300 g) were used. Intraperitoneal injection of streptozotocin (STZ) 70 mg/kg was done to induce DM in the rats. Only rats with blood glucose levels of greater than 300 mg/dl (hyperglycemia) three days after STZ injection were used. Three groups of experimental animals were designed as following: 1)ESW (0.05 mJ/mm²) to penile shaft, 800 shocks twice a week for 2 weeks, 2)ESW (0.05 mJ/mm²) to penile shaft, 1200 shocks twice a

week for 2 weeks, and 3) application of probe without ESW to penile shaft twice a week for 2 weeks as a sham control. A 26-gauge needle was inserted into the corpus cavernosum to monitor the ICP. The CN was electrically stimulated with parameters (5 and 7.5 V, 20 Hz, 2 ms, 1 minute) on the 14th day after 2-week ESW in each of the three group rats. The amount of ICP increase was the difference between the peak ICP and resting ICP. Wilcoxon signed rank test and Mann-Whitney U test were used for statistical analysis.

Results: There was a significant increase of ICP from resting 5.3 ± 0.8 mmHg, 12.0 ± 1.9 mmHg and 5.2 ± 1.3 mmHg to a peak at 74.8 ± 6.5 mmHg ($p = 0.027$), 81.0 ± 6.1 mmHg ($p = 0.028$) and 45.8 ± 6.2 mmHg ($p = 0.028$) after CN stimulation with parameters 7.5 V in group 1, 2 and 3 rats, respectively. The corresponding amount of ICP increase were 69.5 ± 6.9 mmHg, 69.0 ± 5.4 mmHg and 40.7 ± 5.0 mmHg in group 1, 2 and 3 rats, respectively. There was a significant greater amount of ICP increase in the group 1 ($p = 0.015$) and group 2 rats ($p = 0.015$) as compared with group 3 rats (sham control), respectively.

Conclusion: The results suggest that low-intensity extracorporeal shock wave may have a significant enhancing effect on cavernous nerve stimulation-induced intracavernous pressure increase in the diabetic rat.

PD9-2:

EFFECT OF TADALAFIL ONCE DAILY ON ERECTILE FUNCTION IN PATIENTS AFTER ROBOTIC ASSISTED RADICAL PROSTATECTOMY WITH BILATERAL NERVE SPARING

I-Yen Lee, Yen-Chuan Ou, Min-Che Tung, Chao-Yu Hsu, Jue-Hawn Yin, Wei-Chun Weng, Li-Hua Huang, Zhon-Min Huang. *Divisions of Urology, Department of Surgery, Tungs' Taichung MetroHarbor Hospital, Taichung, Taiwan*

Purpose: The erectile function post nerve-sparing radical prostatectomy remains a problem to resolve. We measured the erectile function in patients who using Tadalafil 5 mg once daily for 6 months after receiving nerve-sparing radical prostatectomy.

Materials and Methods: A total of 69 patients less than 70 years of age who had adenocarcinoma of prostate with normal preoperative EF undergoing nerve-sparing Robotic assisted radical prostatectomy were included in our trial. They used Tadalafil 5mg once daily for 6 months after surgery. The "Internal Index of Erectile Function-Erectile Function domain (IIEF-EF)" score was used to measure the erectile function in patients who took tadalafil 5 mg once daily for 6 months after receiving bilateral or unilateral nerve-sparing robotic assisted radical prostatectomy. The baseline of IIEF score before and after prostatectomy was recorded.

Results: After using Tadalafil 5mg once daily for 6 months, 48 patients (69.6%) had higher or equal IIEF score than preoperative evaluation. However, 21 patients (30.4%) had lower IIEF score than preoperative score. Twenty-four (35%) patients had complaint of flank soreness but the symptom mostly alleviating after 5 weeks usage. One patient could not tolerate the side effect of insomnia after 2 months of tadalafil usage and was excluded in this trial.

Conclusion: Phosphodiesterase 5 inhibitor (tadalafil 5 mg) is safe and tolerable in patients who receive bilateral or unilateral nerve-sparing robotic assisted radical prostatectomy. Tadalafil 5 mg once daily was proven to be effective in restoring erectile function and was suggested to use in patients after radical prostatectomy. The effect after cessation of tadalafil 5 mg once daily need to be evaluated in the future.

PD9-3:

THE EFFICACY OF INCREASING COITAL FREQUENCY IN THE TREATMENT OF PREMATURE EJACULATION

Yu Chen, Shih-Tsung Huang, Hsin-Chien Huang, Yu-Chao Hsu, Po-Chih Chang, Ming-Li Hsieh. *Division of Urology, Department of Surgery, Chang Gung Memorial Hospital, Taoyuan, Taiwan*

Purpose: Premature ejaculation is a common consultation in urological clinic. This study is designed to compare the early outcome of increasing coital frequency and traditional behavioral therapy in the treatment of patients with premature ejaculation.